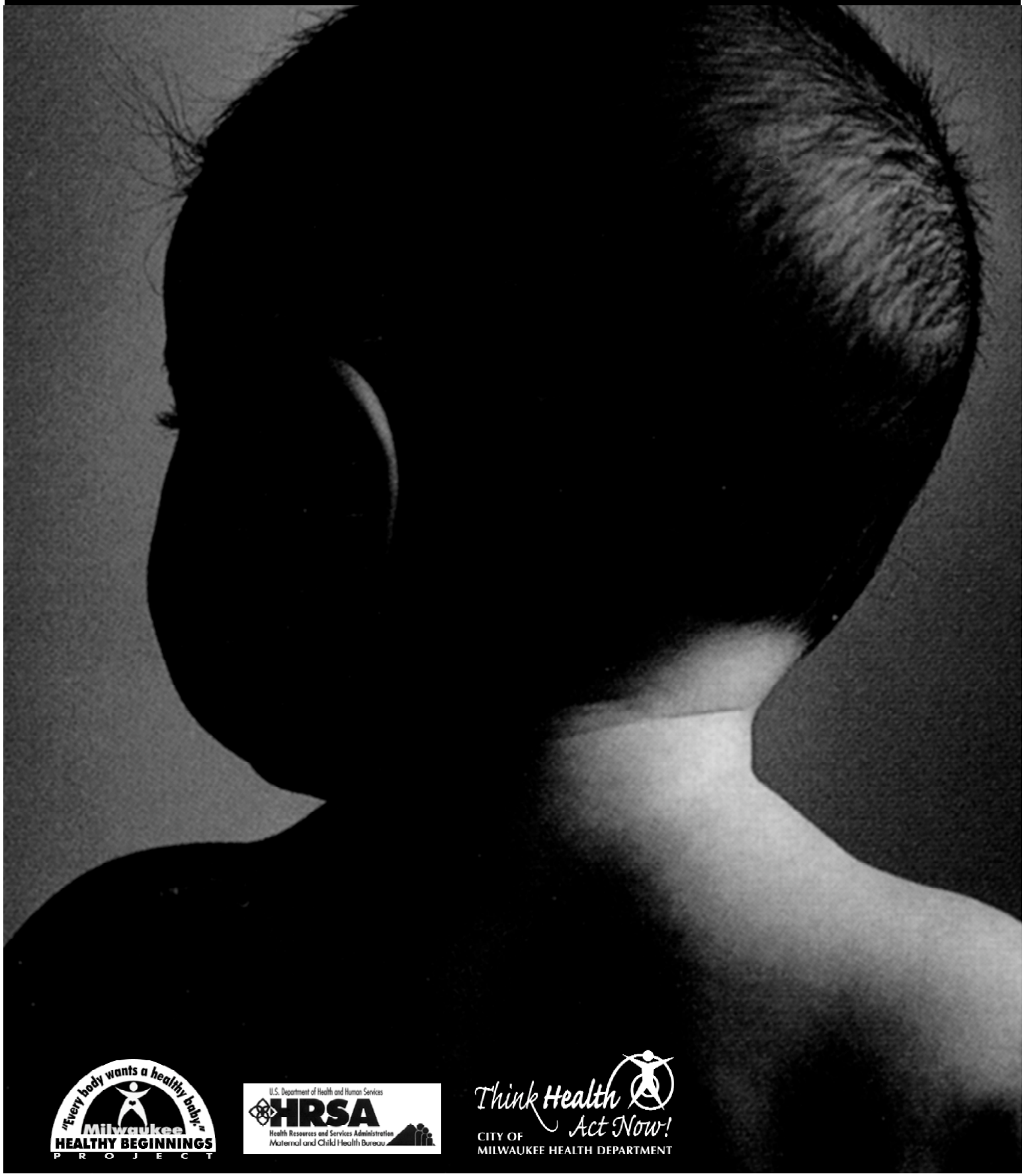
FETAL INFANT MORTALITY REVIEW

2002-2004 INFANT MORTALITY 2003-2004 FETAL MORTALITY

EXECUTIVE SUMMARY



"Every body wants a healthy baby."
Milwaukee HEALTHY BEGINNINGS PROJECT

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

Think Health Act Now!
CITY OF MILWAUKEE HEALTH DEPARTMENT

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BACKGROUND

The Fetal Infant Mortality Review (FIMR) summarizes and provides remedial recommendations concerning what is known about factors that contribute to Milwaukee's high number of stillbirths and infant deaths. This information was collected through a case analysis of all Milwaukee infants who died before their first birthday during 2002, 2003 and 2004, and all stillborn infants (fetal deaths) in 2003 and 2004.

The FIMR project is a component of the Milwaukee Healthy Beginnings Project, which is funded by the Black Health Coalition of Wisconsin, through a U.S. Health Resources and Services Administration Healthy Start Grant. FIMR findings and recommendations are used by the City of Milwaukee Health Department, the Milwaukee Healthy Beginnings Project and by other agencies and policy makers in their efforts to reduce infant mortality and eliminate the racial and ethnic disparity.

FINDINGS

Infant mortality is a complex and multi-faceted problem with no single solution. In the last 20 years, Milwaukee has changed from a city that boasted one of the nation's lowest infant mortality rates to a city with one of the highest. The following social, economic, and racial/ethnic issues in Milwaukee are significant, and must be taken into account as we seek to understand and develop recommendations to reverse the current trend:

- 41% of Milwaukee's children under the age of 18 live in poverty. In fact, Milwaukee had the fourth highest poverty rate for children in 2004.
- 52% of Milwaukee's children live in single-parent households.
- 50% of Milwaukee's children live in families where no parent has a full-time, year-round job.
- In 2004, the non-Hispanic Black infant mortality rate was 19.4 (more than 19 infant deaths per 1,000 live births). This was more than 3 times the non-Hispanic White infant mortality rate of 5.3/1,000 and the Hispanic infant mortality rate of 4.9/1,000.
- Milwaukee's infant mortality rate ranked a poor 40th among the 50 largest cities in the U.S. Milwaukee's infant mortality rate (IMR) is worse than the national average IMR for countries such as Cuba, Germany, Japan, Sweden, Australia and Canada, and the infant morality rate in certain Milwaukee zip codes is equal to or worse than that of many developing countries.

There have been slight improvements in Milwaukee over the past ten years (1994-2004):

- Smoking during pregnancy has decreased from 22.9% to 12.2%
- First trimester prenatal care increased from 72% to 79.6%
- Preterm births decreased from 9.8% to 9.4%
- The percentage of low-birth-weight infants decreased from 10.5% to 9.9%

This report identifies several key factors that contribute to infant mortality in Milwaukee. The most common causes of infant death in Milwaukee are:

- Prematurity. Over 50% of all infants die because they were born too soon. Infants born prematurely have a greater risk of medical complications, long-term disabilities and death.
- Congenital abnormalities, including associated complications.
- A combination of Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Death in Infancy (SUDI), and sleeping accidents.

The key factors that contribute to stillbirths (fetal deaths) in Milwaukee include:

- Congenital abnormalities and problems with the placenta or cord;
- Maternal disease and infections such as diabetes, hypertension, lupus and sexually transmitted and dental infections;
- Unknown causes for over one-fourth of Milwaukee stillbirths.

RECOMMENDATIONS

The FIMR Case Review Team's recommendations to reduce infant mortality and stillbirth include making improvements in health care and data collection, health policy and personal behaviors as well as a serious community commitment to address a climate of racism and disenfranchisement evident in many of the cases reviewed.

Health Care: Improvements are needed in screening and counseling for domestic violence, preterm labor, fetal movement, folic acid deficiencies, depression and safe sleep practices. The lack of documentation in medical records related to the provision of these services likely indicates that the services were not provided. Quality standards related to appropriate diagnostic testing, management of complicating health conditions, and post-mortem examinations need to be defined for the professional community and expected by the affected community.

Data Access: Better public health decisions will be made if they are based on reliable data pertaining to women and children. Although provisions for accessing such data are detailed in both the Healthiest Wisconsin 2010 State Health Plan and in Wisconsin State Statutes, access has been restricted because of administrative policies within work units of government.

Health Policy: Other communities across the country have successfully changed health policy to fund alternative care models that are community centered, multidisciplinary and which include fathers. Administrative policies and procedures that enable a seamless continuum of care should be promoted, and reimbursement policies that include incentives for healthy birth outcomes should be implemented.

Personal Behavior: Improving personal behaviors also will help to reduce infant mortality. These include eliminating tobacco use, unsafe sleep environments, ensuring that mothers learn the signs and symptoms of preterm labor and appropriate fetal movement.

Race Relations: This report finds that across health care, health policy and personal behaviors there exists an overarching climate of racism and disenfranchisement in Milwaukee. Both FIMR statistics and the voices of families that have experienced the loss of an infant reveal a community that marginalizes and discriminates against its residents who are poor, on public assistance and are persons of color. Providers, community groups, government, and Milwaukee residents should come together for meaningful dialogue about racism and stereotyping that impede healthy birth outcomes. Each group and system must explore how social injustice and disenfranchisement impacts services, providers, policies, patients, and overall health outcomes. Creating a forum for discussion would be an excellent initial step to changing our culture of intolerance and neglect.

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